Application or Do	ocket	Num	bei
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☆U.S. GPO:1998-454-473/90301

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

(Rev. 11/98)

CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY			
FC	DR .	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE			15450	Par Allange		380.00	OR		760.00
TOTAL CLAIMS = minus 20= *					X\$ 9=		OR	X\$18=	788	
INDEPENDENT CLAIMS minus 3 = *						X39=		OR	X78=	3/2
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1360		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL I	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 25	Minus	** 36	=	X\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	*** 7	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=	
	ſ	1 101 St	TWI			TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N ON	Total	* 20	Minus	** <u>20</u>	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	. 0/	Minus	*** 3	=4	X39=		OR	X78	-0/4-
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEPI	ENDENT CLAIM	,					0./ 4
						+130=		OR	+260=	
						ADDIT. FEE		OR	TOTAL ADDIT. FEE	836 ₄
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 14	Minus	# 36	= 0	X\$ 9=		OFT	X\$18=	
ME	Independent	* 4	Minus	*** 7	= <i>D</i>	X39=			X78=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEPI	NDENT CLAIM		700-	R P P P	OR	770-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "Highest Number Previously Paid For" IN THIS SPACE is I ss than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
FORM PTO-875 Figure 1700 Figu										